



OVERVIEW & EXECUTIVE
SUMMARY

2020 SNP MODELS OF CARE ANNUAL EVALUATIONS

Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs. Special Needs Plans (SNPs) were allowed to target enrollment to one or more types of special needs individuals identified by Congress as: 1) institutionalized and/or institutionally equivalent; 2) dually eligible; and/or 3) individuals with severe or disabling chronic conditions.

In 2020, Simply Healthcare Plans (SHP) offered three SNP Plans through its contract with the Center for Medicare and Medicaid Services (CMS), serving members in each of the identified population types above. The following provides a list of the plans and a brief description of their differentiating features.

1. The **Simply Care and Simply Comfort** special needs plans serve institutional and institutional equivalent members, known as the ISNP and IESNP or **I/IESNP collectively**. The ISNP target population consists of Medicare beneficiaries who are residing, or are expected to reside, 90 days or longer in a long-term care facility (defined as either: skilled nursing facility or inpatient psychiatric facility). The IESNP target population consists of those who meet institutional level of care requirements but reside in the community at home or in a community-based setting such as an assisted living facility.
2. The **Simply Complete** special needs plan serves dual Medicare and Medicaid beneficiaries and is known as the **DSNP**. Since SHP contracts with the State of Florida to cover Medicaid services, SHP is managing dual eligible beneficiaries' Medicare and Medicaid coverage and coordinates with SHP LTC services as well as other plans for the Medicaid long-term care benefit as appropriate.
3. **Simply Level** is now a Group 4 chronic special needs plan (**CSNP**) serving individuals living with diabetes mellitus, chronic heart failure, and cardiovascular disorders as of 2020.

Individuals eligible for any of the above Plans are entitled to receive medical assistance under title XIX, reside in the SHP service area and have Medicare Part A, Part B, and Part D. SHP is responsible for providing benefits or arranging for benefits to be provided, for all its Plan members and believes that integrated specialized care delivery systems across all domains may result in improved outcomes, lower costs and have a positive impact on the overall health and quality of life for members.

Annual Evaluation Process:

SNP programs each follow an approved Model of Care (MOC) which describes the care and resources to be provided to members from the health plan. As a SNP, SHP is responsible to conduct an annual evaluation of programs. The MOC Taskforce, comprised of representative members from key SHP departments (i.e., Quality Management, Health Services, Pharmacy, Member Services, Medical Economics, Compliance, and Provider Relations, etc.), collects, analyzes, and reports on data that is used



to evaluate the effectiveness of each SNP MOC towards goals. In this process, the MOC Taskforce develops key findings and identifies any follow-up actions needed.

SHP utilizes various tools to measure and track the progression of the goals and timely identification of barriers. These include reports, aggregate and detail level run at various time frames (monthly, quarterly, bi-annually, and annually). The outcomes of the goals are measured utilizing a variety of tools including, but not limited to: the Health Risk Assessment (HRA); chart audits; ER and hospitalization utilization; satisfaction and health outcomes survey questions; call center statistics; pharmacy/plan benefit review; and interim HEDIS measures. The results are summarized at an organizational level to identify areas of strength and opportunities to improve the MOCs for each of the individual goals measured. To pass, at least 80% of indicators must be met for each of the six SNP MOC outcome goals or the taskforce must approve as passing based on information available. If the overall goal is not approved as met, a corrective action plan for the goal is initiated. All six 2020 outcome goals were approved as met. Individual indicators contributing to the outcome goal may vary by type of SNP and can be addressed through targeted corrective actions as approved or determined necessary by the Taskforce.

2020 Results:

Outcomes Goals	I/IESNP (Simply Care & Comfort)				DSNP (Simply Complete)				CSNP (Simply Level)			
	# Indicators Met	# Indicators Not Met	Pecent Met	# Corrective Action Needed	# Indicators Met	# Indicators Not Met	Pecent Met	# Corrective Action Needed	# Indicators Met	# Indicators Not Met	Pecent Met	# Corrective Action Needed
Improved access to affordable medical, mental health and social services	12	1	92.31%	0	13	0	100.0%	0	10	2	83.33%	0
Improved coordination of care through an identified point of contact or gatekeeper.	14	1	93.33%	0	12	2	85.7%	0	11	3	78.57%	1
Improve transitions of care across settings and providers	10	1	90.91%	0	10	1	90.9%	1	11	1	91.67%	0
Improved access to preventive health services	6	0	100.00%	0	8	0	100.0%	0	8	0	100.00%	0
Assure appropriate utilization of services	8	0	100.00%	0	8	0	100.0%	0	7	1	87.50%	1
Improved member health outcomes	10	2	83.33%	0	11	2	84.6%	0	10	2	83.33%	1
Overall	60	5	92.31%	0	62	5	92.5%	1	57	9	86.36%	3

Key Findings & Recommendations (Approved through Quality Improvement Committee “QMC” Review):

Outcome Goal 1: Improve Access to Affordable Medical, Mental Health, and Social Services

Areas of improvement/strengths:

- All SNPs showed improvement in the percentage of members participating in case management who are assessed for cognitive and mental health needs in 2020 as evidenced through chart audit results above corporate target of 95%.
- The percentage of Medicare expedited outpatient authorization processed ≤ 72 hours showed strength throughout year 2020 with the goal met every quarter above the 95% target. The goal is ≥95% authorizations are processed within 72 hours.

Opportunities for improvement or changes identified:

- In 2020, the new chart audit tool implemented in 2019 following the company's Performance Improvement and Enhancement (PIE) program was still in use and targets set at 95% compliance in aligning with corporate goals. Measures/indicators below target:
 - For IIESNP – Case Manager (CM) completion of all required assessments and documentation per NCQA requirements based on risk level fell below the target (93.3% I/IESNP). As of the first quarter in 2021, the IIESNP team was meeting target at 100% and did not require corrective action; however, since this measure was also not met in 2019, the taskforce agreed that enhanced monitoring be applied as follows: CM Manager to monitor and report progress quarterly to QMC for potential corrective action plan (CAP) if indicator fall behind goal again beginning the second quarter.
 - CSNP – Comprehensive Interdisciplinary Care Team (ICT) meetings showed a reduction in both member and provider participation metrics below the established target goal. The change may be related to a shift in the population from a CSNP- Diabetes Plan to a Group 4 multi-chronic condition CSNP. In addition, participation could be impacted by the increasing volume of members and Covid19 related challenges and priorities for physicians. No corrective action proposed. The taskforce agreed to reset the targets for 2021 using current results as the baseline for the new MOC.

Outcome Goal 2: Improved coordination of care through an identified point of contact or gatekeeper

SHP's MOCs utilize a gatekeeper model where the primary care physician acts as a gatekeeper. The gatekeeper is the Plan member's contact point to refer for testing and specialist referrals or other needs. The Plan's case manager who is an ARNP or RN, acts as a point of contact or liaison between the member and all care providers and assists in accessing formal and informal benefits/services.

Areas of improvement/strength

- All SNPs – Although not at the 100% goal, the Health risk assessment (HRA) initial and annual completion rates for all plans were high at over 90% for initials and over 85% for annuals with improvements from the previous year. These rates demonstrated stability across SNPs but continue to fall below the CMS required target of 100% (exception I/IESNP Initials and ISNP annual assessments at 100%). Although these two metrics show as unmet, the results are high for SNPs overall and corrective actions will not be assigned. The taskforce has considered that a corrective action is only needed if rates fall below 85% in order to take into consideration member refusals or members who cannot be reached.
- All SNPs - compliance with process to ensure PCP or specialist providers review and/or provide care plan feedback continue to yield excellent results above the goal of the 95%.
- IIESNP and DSNP - In 2020, Member Satisfaction Surveys for the Case Management program was conducted on Anthem's behalf by The Dieringer Research Group, an independent market research supplier. There were six indicators relating to this goal with an initial target of 85% satisfaction. IIESNP and DSNP plan members gave high ratings in all measures, at or above target, but especially the following:
 - Members expressed their CM "treated me with respect" (98.91% I/IESNP and 96% DSNP).

- Members demonstrated high satisfaction for “CM helped me understand my treatment plan” (98.9% IIESNP and 93% DSNP).
- Both IIESNP and DSNP members were most satisfied with “CM took action for my health problems” (98% IIESNP and 96% DSNP).

Opportunities for improvement or changes identified

- CSNP- 2020 Member Satisfaction Survey was also conducted by The Dieringer Research Group. Out of the six survey questions relating to this goal, one fell below 85% target as follows:
 - CSNP (84%) – Members’ ability to reach nurse with questions or concerns. For 2020, the pool of CSNP members participating in the survey was small (56) but the finding may still represent a potential concern. The taskforce agreed to proceed with a corrective action plan (CAP) for this metric and proposed to retrain staff on parameter “call availability expectations”, as well as, when and how to provide contact information and alternative access points to members. The training is to be completed in second quarter with proof of training submitted to QMC. Internal CM auditors will then randomly select two (2) members per CM to assess satisfaction on this parameter in the third quarter and report results to QMC.

Based on the results achieved, SHP will continue to assess performance indicators to ensure improved coordination of care through a single point of contact or gatekeeper and monitor compliance with follow-up recommendations and corrective actions proposed.

Outcome Goal 3: Improve Transitions of Care across Settings and Providers

Most indicators were met across SNPs. New concurrent review quarterly measures were added and maintained within target.

Areas of improvement/strength:

- ER visit per 1000 members decreased
 - I/IESNP - 786.7 in 2019 to 514.2 in 2020
 - DSNP – 735.9 in 2019 to 552 in 2020
 - CSNP – 570.6 in 2019 to 484.9 in 2020

Opportunities for improvement or changes identified

- I/IESNP – 2020 readmission rate average went up. No corrective action proposed. The taskforce agreed this finding has been attributed to the significant impact COVID19 had for the IIESNP population residing in ALFs and Nursing Homes.
- DSNP corrective action plan (CAP) required for chart audit indicator “CM weekly follow-up post discharge”. The Taskforce approved training in the second quarter with proof submitted to QMC.
- CSNP-2020 readmission rate average went up. The taskforce agreed that an increase in readmit rates was attributed to COVID impact on these small and highest risk population. No corrective action proposed.

Based on the results achieved, SHP will continue efforts to improve transitions of care across settings and providers. SHP will continue monitoring compliance with follow-up recommendations and corrective



actions proposed. The results of efforts will be monitored on an ongoing basis and changes implemented as needed.

Outcome Goal 4: Improve Access to Preventative Health Services

The plan provides abundant access to preventive health services through its network and benefits. Members are encouraged to avail themselves of these services by providers, case managers, and through additional special initiatives. All indicators met targets for this outcome goal. Some impact was seen on lower achievement rates for interim HEDIS targets due to COVID-19 impact on record collection. Per CMS guidance, 2019 results can be utilized where needed against the revised national mean per measure.

Areas of improvement/strength across SNPs:

- Interim HEDIS results for measures related to Care for Older Adults continue to demonstrate strong results above national mean.
- Interim HEDIS results for measures related to Comprehensive Diabetes Care surpassed the National Mean and demonstrated improvement from 2019 overall.

Opportunities for improvement or changes identified

- In 2020, Simply postponed officially the Provider Satisfaction Survey due to COVID-19.

Based on the results achieved, SHP will continue planned efforts to improve access to preventative health services and no additional follow-up recommendations were identified.

Outcome Goal 5: Assure Appropriate Utilization of Services

Indicators related to utilization goals encompass chart audit, member satisfaction survey, admissions and ER rates, pharmacy generic dispensing rates and behavior health outpatient visits and penetration rates (new). The I/IESNP and DSNP plans met all indicators while the CSNP fell below the target in one.

Areas of improvement/strength:

- All SNPs - Compliance with review and documentation of member inpatient and ER use, as well as compliance with expectations to address benefits/community resources continue to yield excellent results above the goal of the 95% target.
- I/IESNP and DSNP Member satisfaction with "CM helped make the best use of plan benefits" was at 98% and 94% respectively (target 85%).
- All SNPs – Met or exceeded targets for inpatient admissions and ER visits per 1000, demonstrating improvements in population health and use of appropriate care settings.

Opportunities for improvement:

- CSNP Member satisfaction with “CM helped make the best use of plan benefits” was 84% (target 85%). The taskforce determined that a corrective action plan (CAP) is needed since this indicator was also not met in previous year 2019. The taskforce agreed to retrain staff on working with opt-in members for best use of plan benefits. Training is to be completed in the second quarter of 2021 with proof of training to be submitted to the QMC. Internal CM auditors will also select 2 opt-in members per CM to sample satisfaction in the third quarter of this year and report results to the QMC.

Based on the results achieved, SHP will continue planned efforts to assure appropriate utilization of services.

Outcome Goal 6: Improve Member Health Outcomes

Member health outcomes are evident through a variety of measurement sources including but not limited to: member satisfaction metrics; health risk assessment (HRA) year over year comparisons; and newly added or continuing HEDIS measures for control of medical or chronic conditions, senior access and medication usage. A review of member health conditions and prevalence rates was also conducted to determine if there were any significant population changes due to increases in the identification of new diagnoses or onset of new illnesses for members and to determine if any new initiatives are needed. Findings were consistent with expectations and the MOCs. As a result, there are no changes to the target population or current processes.

Areas of improvement/strength:

- Satisfaction survey had positive results overall. Medicare members gave high ratings to CM helping them to obtain needed care, and overall program satisfaction, with about nine members in ten satisfied in each area.
- Members showed good improvement in self-perception of health for I/IESNP, DSNP and CSNP.
- Member Satisfaction Survey Results for 2020 showed that members from IIESNP and DSNP are very confident in the ability to take their own medication.
- All SNPs – Each SNP maintained or decreased member risk levels, fall rate and depressive symptoms compared to baseline.

Opportunities for improvement:

- IIESNP results showed a decrease percentage on Medication Reconciliation Post-Discharge at the moment of this evaluation. An improvement from current rates is projected to be above National Mean and met with completion of abstractions by the second quarter of 2021. No corrective action plan as rate is expected to improve.
- DSNP results showed an increased percentage of members reporting assistance needed to bathe in 2020. This was attributed to increasing frailty of the population served and possibly COVID related factors as a correlation between adverse events such as falls, or admissions could not be established. No corrective action was requested although the CM team was advised to continue monitoring.
- CSNP overall member satisfaction with confidence in ability to take their medication fell slightly below the desired target of 85% in 2020. Although the pool of participants was small, the taskforce determined that a corrective action plan (CAP) is needed to ensure



member support is reinforced. The CM team will retrain staff on working with opt-in members to address medication concerns and improve member self-management. This is to be completed in the second quarter and with proof of training to QMC. Internal CM auditors to randomly select two (2) opt-in members per CM to sample satisfaction in the third quarter and report results to QMC.

- CSNP results for the Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)-(DMAR) was not met at the time of this evaluation but expected to improve with additional abstractions. A CAP is not considered as needed for this indicator since it will be removed for 2021 as retired by NCQA.
- HEDIS measure for “Use of High-Risk Medications in the Elderly (two prescriptions)” fell below the target for I/IESNP and DSNP. The Pharmacy department proposes to replace with Comprehensive Med Review (Part D) Star Measure and adherence measures to be aligned with Enterprise goals and more relevant to the populations. The Taskforce approved this more robust reporting. New Pharmacy metrics will be submitted and approved by Quality to be monitored and added for 2021.

Based on the results achieved, SHP will continue efforts to improve member health outcomes.

Conclusion for 2020 MOC Annual Evaluations:

The Simply Healthcare Plan’s MOC Annual Evaluation Taskforce has concluded that overall outcome goals for each Special Needs Plans have been met with significant improvement noted in many areas. This is especially noteworthy during a pandemic year. Areas where corrective actions plans are needed will continue to be tracked within Quality Management or Compliance Committee meetings.